

# Tetanus Surveillance Worksheet

APPENDIX 18

NAME (Last, First)			Hospital Record No.		
Address (Street and No.)		City	County	Zip	Phone
Reporting Physician/Nurse/Hospital/Clinic/Lab			Address		Phone

----- DETACH HERE and transmit only lower portion if sent to CDC -----

## Tetanus Surveillance Worksheet

CDC NETSS ID		County		State		Zip	
Birth Date Month Day Year		Age Unk = 999		Age Type 0 = 0-120 years 1 = 0-11 months 2 = 0-52 weeks 3 = 0-28 days 9 = Unknown		Ethnicity H = Hispanic N = Not Hispanic U = Unknown	
Race N = Native Amer./Alaskan Native A = Asian/Pacific Islander B = African American		W = White O = Other U = Unknown		Sex M = Male F = Female U = Unknown			
Event Date Month Day Year		Event Type 1 = Onset Date 2 = Diagnosis Date 3 = Lab Test Date 4 = Reported to County 5 = Reported to State or MMWR Report Date 9 = Unknown		Reported Month Day Year		Imported 1 = Indigenous 2 = International 3 = Out of State 9 = Unknown	
Report Status 1 = Confirmed 2 = Probable 3 = Suspect 9 = Unknown		Date Year of Onset Month Day Year		Acute Wound Identified? Y = Yes N = No U = Unknown		Date Wound Occurred Month Day Year	
Occupation		Principal Anatomical Site 1 = Head 2 = Trunk 3 = Upper Extremity 4 = Lower extremity 9 = Unspecified		Work Related? Y = Yes N = No U = Unknown		Environment 1 = Home 2 = Other Indoors 3 = Farm/Yard 4 = Automobile 5 = Other Outdoors 9 = Unknown	
History of Military Service (Active or Reserve)? Y = Yes N = No U = Unknown		Year of Entry Into Military Service		Principal Wound Type 1 = Puncture 2 = Stellate Laceration 3 = Linear Laceration 4 = Crush 5 = Abrasion 6 = Avulsion 7 = Burn 8 = Frost bite 9 = Compound Fracture 10 = Other (e.g. with cancer) 11 = Surgery 12 = Animal bite 13 = Insect bite/sting 14 = Dental 15 = Tissue necrosis 99 = Unknown		Wound Contaminated? Y = Yes N = No U = Unknown	
Tetanus Toxoid (TT) History Prior to Tetanus Disease (Exclude Doses Received Since Acute Injury) 0 = Never 1 = 1 dose 2 = 2 doses 3 = 3 doses 4 = 4+ doses 9 = Unknown		Years Since Last Dose 0 - 98 99 = Unknown		Depth of Wound 1 = 1cm. or less 2 = More than 1cm. 9 = Unknown		Signs of Infection? Y = Yes N = No U = Unknown	
Was Medical Care Obtained For This Acute Injury? Y = Yes N = No U = Unknown		Tetanus Toxoid (TT) or Td Administered Before Tetanus Onset? Y = Yes N = No U = Unknown		If Yes, TT or Td Given How Soon After Injury? 1 = < 6 Hours 2 = 7-23 Hours 3 = 1-4 Days 4 = 5-9 Days 5 = 10-14 Days 6 = 15+ Days 9 = Unknown			
Wound Debrided Before Tetanus Onset? Y = Yes N = No U = Unknown		If Yes, Debrided How Soon After Injury? 1 = < 6 Hours 2 = 7-23 Hours 3 = 1-4 Days 4 = 5-9 Days 5 = 10-14 Days 6 = 15+ Days 9 = Unknown		Tetanus Immune Globulin (TIG) Prophylaxis Received Before Tetanus Onset? Y = Yes N = No U = Unknown		If Yes, TIG Given How Soon After Injury? 1 = < 6 Hours 2 = 7-23 Hours 3 = 1-4 Days 4 = 5-9 Days 5 = 10-14 Days 6 = 15+ Days 9 = Unknown	
Dosage (Units) 0-998 999 = Unknown		Associated Condition (If no Acute Injury) 1 = Abscess 2 = Ulcer 3 = Blister 4 = Gangrene 5 = Cellulitis 6 = Other Infection 7 = Cancer 8 = Gingivitis 88 = None 99 = Unknown		Describe Condition:		Diabetes? Y = Yes N = No U = Unknown	
If Yes, Insulin-Dependent? Y = Yes N = No U = Unknown		Parenteral Drug Abuse? Y = Yes N = No U = Unknown		Describe Condition:			
Type of Tetanus Disease 1 = Generalized 2 = Localized 3 = Cephalic 4 = Unknown		TIG Therapy Given? Y = Yes N = No U = Unknown		If Yes, How Soon After Illness Onset? 1 = < 6 Hours 2 = 7-23 Hours 3 = 1-4 Days 4 = 5-9 Days 5 = 10-14 Days 6 = 15+ Days 9 = Unknown		Dosage (Units) 0-998 999 = Unknown	
Days Hospitalized 0-998 999 = Unknown		Days in ICU 0-998 999 = Unknown		Days Received Mechanical Ventilation 0-998 999 = Unknown			
Outcome One Month After Onset? R = Recovered C = Convalescing D = Died				If Died, Date Expired Month Day Year			

## Tetanus Surveillance Worksheet

NAME (Last, First)			Hospital Record No.		
Address (Street and No.)		City	County	Zip	Phone
Reporting Physician/Nurse/Hospital/Clinic/Lab		Address			Phone

----- DETACH HERE and transmit only lower portion if sent to CDC -----

### Tetanus Surveillance Worksheet

<b>NEONATAL (&lt; 28 DAYS OLD)</b>	<b>Mother's Age in Years</b> <input type="text"/> <input type="text"/> 99 = Unknown	<b>Mother's Birthdate</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	<b>Date Mother's Arrival in U.S.</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	<b>Mother's Tetanus Toxoid (TT) History PRIOR to Child's Disease</b> (Known Doses Only) <input type="checkbox"/> 0 = Never <input type="checkbox"/> 3 = 3 doses <input type="checkbox"/> 1 = 1 dose <input type="checkbox"/> 4 = 4 + doses <input type="checkbox"/> 2 = 2 doses <input type="checkbox"/> 9 = Unknown	<b>Years Since Mother's Last Dose</b> <input type="text"/> <input type="text"/> 0 - 98 99 = Unknown
	<b>Child's Birthplace</b> <input type="checkbox"/> 1 = Hospital <input type="checkbox"/> 2 = Home <input type="checkbox"/> 3 = Other <input type="checkbox"/> 9 = Unknown	<b>Birth Attendant(s)</b> <input type="checkbox"/> 1 = Physician    4 = Unlicensed Midwife <input type="checkbox"/> 2 = Nurse        5 = Other <input type="checkbox"/> 3 = Licensed Midwife    9 = Unknown		<b>Other Birth Attendant(s)</b> (If Not Previously Listed)	

<b>Other Comments?</b> <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown	<b>Reporter's Name</b>	<b>Title</b>
---	------------------------	--------------

<b>Institution Name</b>	<b>Phone Number</b> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	<b>Date Reported</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
-------------------------	---	--

**Clinical Case Definition\*:**  
 Acute onset of hypertonia and/or painful muscular contractions (usually of the muscles of the jaw and neck) and generalized muscle spasms without other apparent medical cause.

**Case Classification\*:**  
 Confirmed: A clinically compatible case, as reported by a health-care professional.

Notes/Other Information:

\*CDC. Case Definitions for Infectious Conditions Under Public Health Surveillance. MMWR1997;46(No. RR-10):39.